

Pedal Cab Operator License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$200/two years (\$125/initial year) +
\$30/vehicle/year
Renewal Fee: \$100/two years +
\$30/vehicle/year

1. Applicant Name Travis M. James E-Mail Address travis.m.james@gmail.com Home Phone # 414-630-7246
Home Address 810 E. Center St. Apt 1

2. Company Name Ceres Crossroads Services LLC
Business Address 810 E. Center St. Apt 1
Business Telephone Number 414-630-7246

3. Indicate method type of fare or gratuity collection (select or explain how customers are charged for trip):

Gratuity/Tip _____
Gratuity with Minimal Charge _____
Per hour charge _____
Per mile charge _____
Per Block _____
Other- explain _____

4. Describe the pedal cab vehicle (Make, model, type, age).

Apple Green colored Main street Broadway Model year 2009
Serial # FE8J 0676

6. Name of Insurance Company Atain Specialty Insurance
Name of Insurance Agent Angelo Cotsarous
Business Address 1300 Bristol St. North Ste 100
Business Telephone Number 449-861-5993
E-Mail Address pedicabs@bc151.com

8. Is applicant a corporation? Yes No

If yes, give names and addresses of board of directors, and address of corporation:

Name	Address
<u>Travis M. James</u>	<u>810 E. Center St. Apt #1</u>

9. Is applicant a partnership? Yes No

If yes, give names and address of all partners:

Name	Address

Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the City of Madison pertaining to the licensing and regulating of pedal cabs in the City of Madison, and agrees to abide by these and all other ordinances of the City and laws of the State of Wisconsin?

Yes No

Subscribed and sworn before me

this _____ day of _____, 20____.

Applicant's Signature _____

Notary Public _____

My Commission Expires _____.

Pedal Cab Filing Affidavit

State of Wisconsin)
 County of Dane)

Travis M James, being first duly sworn on oath, deposes and says:

1. That the affiant owns , operates , or manages a pedal cab business in the City of Madison, doing business as Ceres Crossroads Services, LLC
2. That as of the date of this Affidavit, (Company Name) Ceres Crossroads Services, LLC (Address) 810 E. Center St. Apt 11, Madison, Wisconsin, doing business as Ceres Crossroads Services, LLC, was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.
3. That the schedule of fares to be charged in the operation of each of the vehicles as pedal cab is: (check boxes to indicate which pedal cab rates, gratuities, or minimum charges are applicable)
 - Gratuity only
 - Gratuity with minimal charge (list amount)
 - Per hour charge
 - Per Mile charge
 - Per trip charge
4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) (b) of the Madison General Ordinances, and specifically indicating that said insurance coverage is applicable to the vehicle identified on the said Schedule A; and
 - b) That also attached to said Policy or Certificate of Liability Insurance is a Certificate of Compliance from the State of Wisconsin Office of the Commissioner of Insurance showing the insurance company is licensed and authorized to transact pedal cab insurance coverage in the State of Wisconsin; and
 - c) That said insurance policy contains a provision that the same may not be cancelled before the expiration of its term except upon thirty days' written notice to the City of Madison.
5. That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.

Subscribed and sworn before me
 this _____ day of _____, 20_____.

 Signature of person signing Affidavit under oath

Notary Public
 My Commission Expires _____

Company Name Ceres Crossroads Services, LLC

Model Year	Class & Make	Owner Title Holder	Serial #	Permit #	Type of Service	Office Use Only														
						State Reg.	Ins.	Meter	Insp.	Mark.	Color	Permit Issued								
2009	Main Street Madison	Ceres Crossroads Services, LLC	FEB850676																	

Pedal Cab Vehicle List
 Schedule A

Office Use Only:

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: _____ Last Rate Change Submitted: _____

Distribution:

- † City Division of Traffic Engineering
- † City Police Department

License # _____
403 Para-Transit Operating
405 Public Passenger Vehicle/Pedal Cab
406 Horse-Drawn Vehicle
408 Pedal Cab Service

01/03/11-P:\C\Comment\Licensing\Application Forms\Taxi ParaTransit Ap.docx

(6) Permits for Drivers of Public Passenger Vehicles

(a) Public Passenger Vehicle Driver's Permit Fees. The fees under this subsection are hereby fixed as follows:

Commencing with the 2004 licensing year, and subsequent thereto, the following fees shall be in effect:

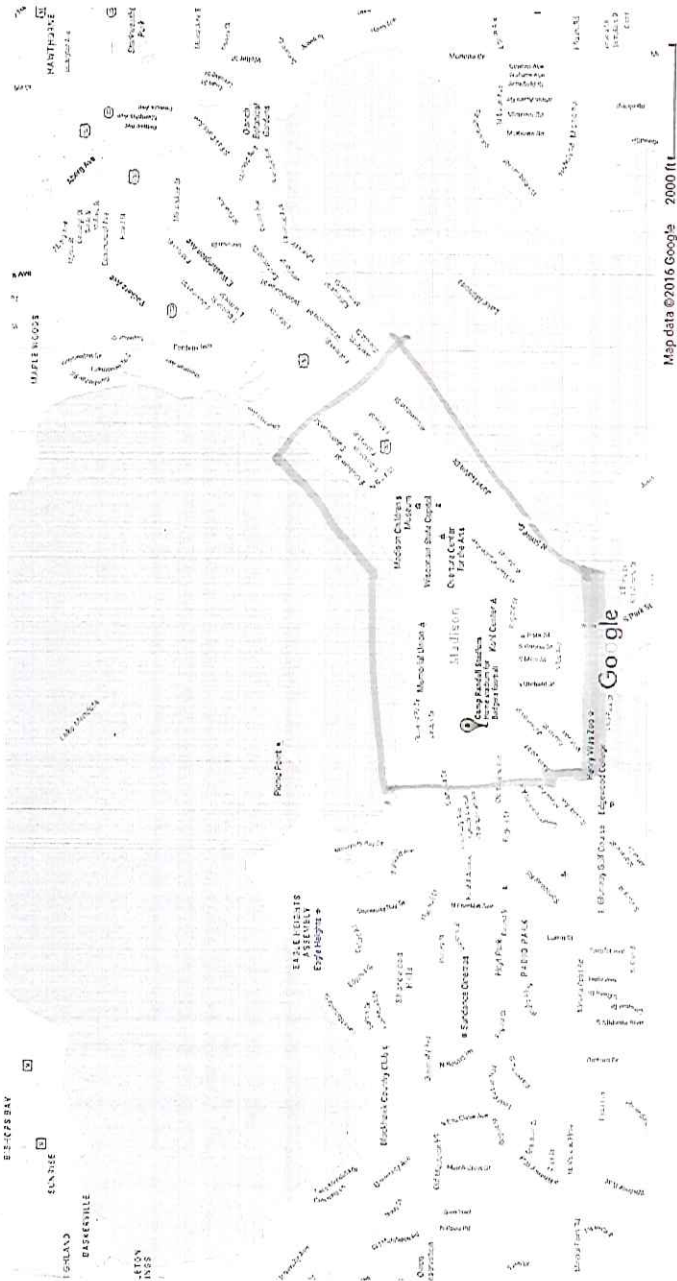
Original Permit	\$25
Provisional Permit	\$25
Renewal Permit, if application is received before expiration of prior permit	\$25
Change of Employer	\$20
Duplicate Permit	\$25

(Sec. 11.06(6)(a) Am. by Ord. 12,141, 6-1-98; Ord. 13,487, 1-23-04)

(b) Application for Initial Permit.

1. Any person wishing to obtain a public passenger vehicle driver's permit shall present a written application to the Chief of Police, accompanied by proof of payment of the fee established in Subdivision (a). The application shall contain the name and address of the licensee under whose license the applicant intends to drive public passenger vehicles, and such other pertinent information as the Chief of Police may require. Every licensee shall provide to the Madison Police Department the name and complete identification of each driver, and shall see to it that each driver arranges with the Police Department to have her/his photograph taken for this purpose.
2. Such permit shall not be granted to any person under the age of eighteen (18) years, nor to any person who has been convicted by a court of competent jurisdiction, or has charges pending against her or him, of any offense the circumstances of which substantially relate to the circumstances of taxicab or other public passenger vehicle operation. Such offenses include, but are not limited to, crimes against persons or property or driving a vehicle while under the influence of intoxicants or controlled substances; provided, however, that the Chief of Police shall grant a permit to such convicted person if the conviction is reversed, or if the person is granted a pardon for the offense in question.
3. In determining whether or not the circumstances of a conviction or a pending charge are substantially related to the circumstances of taxicab or other public passenger vehicle operation, the Chief of Police shall consider the number of convictions, the nature and seriousness of the crime or crimes, whether they involved violence, whether they involved theft or other evidence of lack of trustworthiness with money, whether the crime involved driving, the age and maturity of the individual at the time of the conviction, the amount of time elapsed since the last conviction, and any evidence of personal rehabilitation.

Please use this area to include any overflow information from the front of this form:



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<https://www.google.com/maps/@43.0819335,-89.4026628,14z/data=!4m5!3m4!1s0x8807ac0e47565513f:0ve005ee56616e04a18m2034330699454-89-4176943>



CERTIFICATE OF LIABILITY INSURANCE

CIP266728-0039

DATE (MM/DD/YYYY)
06/21/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Business Core Insurance Services Inc. 1300 Bristol St. North Ste 100 Newport Beach CA 92660	CONTACT NAME: Angelo Catsouras	
	PHONE (A/C No. Ext.): 949-861-5993	FAX (A/C No.): 949-769-6849
	EMAIL: pedicabs@bcis1.com	
INSURED Ceres Crossroads Services LLC 810 E. Center St. Apt. 1 Milwaukee WI 53212	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ATAIN SPECIALTY INSURANCE	NAIC # 17159
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	CIP266728-0039	03/16/2016	03/16/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Cal occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 DEDUCTIBLE \$500
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Pedicab Serial Number: FE8J 0676 and FE8E 02039

City of Madison, its officers, officials, agents and employees are named as Additional Insured.

CERTIFICATE HOLDER City of Madison 215 MLK DR. PO Box 2986 Madison, WI 53703-2986	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Angelo catsouras
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